



APPLICATION FOR APPROVAL OF THE 105 HOUR NURSE AIDE TRAINING PROGRAM

State Form 629 (R 2/1-02)

Indiana State Department of Health – Division of Long Term Care

INSTRUCTIONS: Please complete the appropriate sections on both sides of the application. **All applications must be completed in Sections A and D.**

SECTION A: Training program information

APPLICATION PURPOSE (check all that apply):

- ☐ Initial approval; ☐ Renewal; ☐ Add Clinical Site; ☐ Add Program Director; ☐ Add Delegated Instructor;
☐ Remove Program Director and/or Delegated Instructor: Name _____

Name of Facility: _____

Street Address: _____

PO BOX #: _____

City: _____ State _____

ZIP: _____ Phone number: _____ Fax number: _____

Location of CLASSROOM TRAINING (if different from above address)

Name: _____

Address: _____

City: _____ State _____

ZIP: _____ Phone number: _____

SECTION B: Clinical Site(s) information

Name of Facility: _____

Address: _____ City _____

Name of Facility: _____

Address: _____ City _____

Name of Facility: _____

Address: _____ City _____

Name of Facility: _____

Address: _____ City _____

SECTION C: Program Director and/or Delegated Instructor information

Name: _____

Nursing License #: _____ Vocational License #: _____

A copy of the license MUST accompany this application

QUALIFICATIONS: PLEASE PROVIDE SPECIFIC DATES & LOCATIONS FOR THE FOLLOWING:

NURSING EXPERIENCE:

LONG TERM CARE EXPERIENCE:

TEACHING EXPERIENCE:

**A COPY OF THE C.N.A. TRAIN-THE-TRAINER COURSE CERTIFICATE MUST
ACCOMPANY THIS APPLICATION**

SECTION D: Certification of program

I certify that the Nurse Aide Training Program will be conducted in accordance with the Health Facility Criteria adopted, including the program records for ISDH personnel. I also certify that all facilities listed on this application do not have a current ban on nurse aide training.

Administrator of facility OR Director of non-facility based program

Date

Mail completed application, along with requested documentation to:

**INDIANA STATE DEPARTMENT OF HEALTH
DIVISION OF LONG TERM CARE
2 N. MERIDIAN ST., 4B
INDIANAPOLIS, IN 46204**

Please use additional applications for more than one program director/delegated instructor and/or additional clinical sites. Please retain a copy of this application for your records.